SFUND RECORDS CTR 999000472

## CALIFORNIA HAND WASTE MANIER RECORD

STATE WATER RESOURCES CONTROL BOARD STATE DEPARTMENT OF HEALTH	
PRODUCER OF WASTE (Mist be filled by producer)  Name (print or type): W. C.	HAULER OF WASTE (Must be filled by hauler)  Name (print or type): Superior Industrial Pum inc. Plusiness Address: 25013 W. Manchester Ava. Inc. Plusiness Address: 25013 W. Manchester Ava. Inc. City)  Telephone Number: 778 - 042 Pick Up: (City)  State Liquid Waste Nauler's Resistration No. (if applicable): 483
Order Placed By:  Lype of Process whith Produced Mastes:  (Examples: metal plating, equipment cleaning, oil drillingCode No. wastewater treatment, pickling bath, petroleum refining)	Vehicle: Seacuse truck Sharrels, Statted, Souther The described waste was houled by me to the disposal (specify)
Check type of wastes:    Acid solution   S.   Tank bottom sediment	Code No.  To cartify (or declare) under penalty of perjury that the foregoing is true and correct.  DISPOSER OF WASTE (Miss the Eriled by disposer)  Name (print or type):  Signature of authorized ageny and ti by disposer)  The haule: above delivered the described waste to this disposal facility on it was an acceptable material under the terms of RMOCB requirements, State
Components: (Examples: Hydrothioric acid, iims, coustic sods, pherolics, solvents (list), metals (list), by partice (list), cysnide)  1. Or live (list)  2	Ountity measured at site (if applicable):    State fee (if anv):
Bulk Volume:   containers:   containers:   containers:   containers:   cartons   carto	Signature of authorized agent and to the site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.
a licensed liquid waste hauler (if applicable)  I certify (or declare) under penalty of perjury that the foregoing is true and correct.	FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.

Signature of authorized agent and title